

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0680-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised Form

## APPLICATION PART I

For PTFP  
Use

## 1. APPLICANT

Legal Name KQED, Inc.Organizational  
Unit KQED Public TelevisionMailing Address  
(line 1) 2601 Mariposa StreetAddress (line 2  
if required)City San FranciscoState CACounty San FranciscoZip 941102. Employer  
ID # (EIN)94-12413093. DUNS # 00-477-0921Main  
Station  
Call  
LettersKQED FM 88.5 KQED TV 9  
Radio MHz TV Channel

## 4. Administrative Contact

E-mail swelch@kqed.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. StephenB.WelchExec Dir, TV Engineering and OperationsPhone # (415) 553-2290Fax # (415) 553-2415

## 5. Engineering Contact

Full Name Mr. Watkins Lee YoungEngineer  
Phone (415) 553-2164Title Manager, Engineering FacilitiesE-mail lyoung@kqed.org

RECEIVED

FEB 28 2005

STATE CLEARING HOUSE

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (TV)  
or (RT) for both T(B)roadcast or (N)onbroadcast B  
or (BN) for both10. Length of  
Project (# of  
months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Broadcast Other

Population Currently Served by station			5,170,000	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant813. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-8)CA 1, 2, 5, 6, 7, 8, 9, 10, 11,  
12, 13, 14, 15, 16, and 17.

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 1,170,324

b. Applicant Share \$ 1,170,325

c. TOTAL \$ 2,340,649

d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
02/28/2005☐ NO Program is not covered by EO 12372  
or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (415) 553-2201

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. JeffreyOClarkePresident and CEOSignature of authorized  
representativeDate  
signed2-28-05

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KQED

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This form expires 10/31/2006 Previous Editions NOT usable

APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

DMS Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

KQED Public Television in San Francisco is requesting funding assistance to replace our studio cameras and video production switcher so we can produce High Definition programming in our studios. This equipment will be used on two production stages, their control rooms, in the field, and will be made available to other local California Public Television stations.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

THIS YEAR

NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	230	40	230	40
Part-Time Staff	6	0	6	0
Volunteers	3324	0	3300	0
Operating Budget	\$ 42,800,000		\$ 43,500,000	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y	Y	Y	Y	Y
Next year	Y	Y	Y	Y	Y	Y

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
San Jose, CA	KTEH
City	Call Letters
San Mateo, CA	KCSM
City	Call Letters
Rohnert Park, CA	KRCB

25. Areas affected by this Project (Cities, Counties, States, Etc.)

The nine-county San Francisco Bay Area region of California and additional state, regional, and national areas through distribution of locally produced programming

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

SEE ATTACHED

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised Form

## APPLICATION PART I

For PTFP  
Use

## 1. APPLICANT

Legal Name National Indian Justice CenterOrganizational  
Unit Education ProgramsMailing Address  
(line 1) 5250 Aero DriveAddress (line 2  
if required)City Santa RosaState CACounty SonomaZip 95403-2. Employer  
ID # (EIN)68-00040003. DUNS # 15-109-5320Main  
Station  
Call  
Letters

Radio MHz TV Channel

RECEIVED

FEB 28 2005

STATE CLEARING HOUSE

## 4. Administrative Contact

E-mail raquellemyers@nijc.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. RaquelleMyersProject DirectorPhone # (707) 579-5507 ext. 223Fax # (707) 579-9019

## 5. Engineering Contact

Full Name Ms. Raquelle MyersEngineer Phone (707) 579-5507Title Project DirectorE-mail raquellemyers@nijc.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction P(R)adio or (T)V RT  
or (RT) for both(B)roadcast or (N)onbroadcast N  
or (BN) for both10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translatorREPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Population Currently Served by station				0
First Service added by NEW proposed facility			12,500	
ADDED SERVICE to those covered by others			0	

## Special Application

12. Single  
Congressional  
District of  
Applicant 113. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA 1, 2, 49

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 202,898

b. Applicant Share \$ 72,720

c. TOTAL \$ 275,618

d. Fed. % of eligible costs 73.62 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NO  
Enter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (707) 579-5507

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. JosephMyersExecutive DirectorSignature of authorized  
representativeDate  
signed2/28/05

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This form expires 10/31/2006 Previous Editions NOT usable

APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

The NIJC's planning project will study the need, feasibility and strategies for establishing a distance-learning infrastructure between the NIJC Regional Justice Center in Santa Rosa, California, a community college in Southern California and three remotely located California community technology centers. The purpose of this distance-learning infrastructure will be to deliver culturally appropriate training to a primarily Native American target audience. A culturally appropriate distance-learning infrastructure will provide timely and substantial benefits to the target population by transmitting information vital to improved government and service operations in tribal communities and by sustaining the intergenerational, oral learning traditions that support cultural survival.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

THIS YEAR

NEXT YEAR IF PROJECT  
FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	0	0		
Part-Time Staff	0	0		
Volunteers	0	0		
Operating Budget	\$	0	\$	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

☒ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

## 23. Yes ☐ No ☒

(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City \_\_\_\_\_ Call Letters \_\_\_\_\_

City \_\_\_\_\_ Call Letters \_\_\_\_\_

City \_\_\_\_\_ Call Letters \_\_\_\_\_

25. Areas affected by this Project (Cities, Counties, States, Etc.)

Santa Rosa, Sonoma County, CA  
Covelo, Round Valley Reservation, Point Arena-Manchester and Stewarts Point Band of Pomo: Mercedino County, CA  
Karuk Tribe, Happy Camp, Siskiyou County, CA  
Pauma/Yuima, Pala, La Jolla and Rincon Band of Mission Indian: S

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 24, 2005	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 3-06-0226

<b>5. APPLICANT INFORMATION</b> Legal Name: City of San Jose Organizational DUNS: 063541874 Address: Street: 1732 N. First Street, Suite 600 City: San Jose County: Santa Clara State: CA Country: USA		<b>Organizational Unit:</b> Department: Norman Y. Mineta San Jose International Airport Division:  <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Lilian Middle Name: S. Last Name: Ramirez Suffix: Email: lramirez@sjc.org Phone Number (give area code): 408.501.7663 Fax Number (give area code): 408.573.1677
---	--	---

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             94-6000419           </div>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C - Municipal Other (specify)
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<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Note: Continuation of AIP 59: Widen Taxiway Y.	<b>9. NAME OF FEDERAL AGENCY:</b> DOT - Federal Aviation Administration
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             20-106           </div> TITLE (Name of Program): Airport Improvement Program (AIP)	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Widen Taxiway - Construction: To widen a portion of Taxiway Z, ten feet to the west from Taxiway G to L, including upgraded drainage, blast protection paving, lighting, signage and pavement markings.
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of San Jose	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 15th      b. Project 15th
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<b>13. PROPOSED PROJECT</b> Start Date: November 14, 2005 (Est NTP)      Ending Date: December 31, 2006	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">4,000,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">970,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">4,970,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	4,000,000	.00	b. Applicant	\$	970,000	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	4,970,000	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	4,000,000	.00																										
b. Applicant	\$	970,000	.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	4,970,000	.00																										

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b> Prefix Mr.      First Name Peter Last Name Jensen b. Title Assistant to the City Manager d. Signature of Authorized Representative <i>Peter L. Jensen</i>	Middle Name Suffix c. Telephone Number (give area code) 408.277.3183 e. Date Signed 2-24-05

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 24, 2005	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 03-06-0226

<b>5. APPLICANT INFORMATION</b> Legal Name: City of San Jose Organizational DUNS: 063541874 Address: Street: 1732 N. First St, Suite 600 City: San Jose County: Santa Clara State: CA Zip Code: 95112 Country: USA		<b>Organizational Unit:</b> Department: Norman Y. Mineta San Jose International Division:  <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms      First Name: Lilian Middle Name: S. Last Name: Ramirez Suffix: Email: lramirez@sjc.org Phone Number (give area code): 408.501.7663 Fax Number (give area code): 408.573.1677
---	--	---

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000419	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C-Municipal Other (specify)
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> DOT - Federal Aviation Administration
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program (AIP) 20-106	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Noise attenuation of approximately 50 dwelling units within the Category 1 (B), extended acoustical treatment areas.
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Jose, California	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 15th      b. Project 15th and 16th
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<b>13. PROPOSED PROJECT</b> Start Date: September 1, 2005      Ending Date: September 1, 2007	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	---

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	a. Federal	\$									b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$									<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$																																																																						
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b> Prefix Mr. Last Name Jensen	First Name Peter Middle Name Suffix	b. Title Assistant to the City Manager c. Telephone Number (give area code) 408.277.3183 d. Signature of Authorized Representative <i>Peter Jensen</i> e. Date Signed 2-24-05

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 24, 2005		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 03-06-0226	
5. APPLICANT INFORMATION					
Legal Name: City of San Jose			Organizational Unit: Department: Norman Y. Mineta San Jose International		
Organizational DUNS: 063541874			Division:		
Address: Street: 1732 N. First St, Suite 600			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Jose			Prefix: Ms		First Name: Lilian
County: Santa Clara			Middle Name S.		
State: CA			Last Name Ramirez		
Zip Code 95112			Suffix:		
Country: USA			Email: lramirez@sjc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000419			Phone Number (give area code) 408.501.7663		Fax Number (give area code) 408.573.1677
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C-Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106			9. NAME OF FEDERAL AGENCY: DOT - Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Jose, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airfield Taxiway Sign Replacement: To replace airfield taxiway signs that are outdated and do not meet current luminance standard.		
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15th b. Project 15th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	912,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	220,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	1,132,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Peter		Middle Name		
Last Name Jensen			Suffix		
b. Title Assistant to the City Manager			c. Telephone Number (give area code) 408.277.3183		
d. Signature of Authorized Representative	[Signature]		e. Date Signed 2.24.05		

Previous Edition Usable  
Authorized for Local Reoroduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 24, 2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 03-06-0226	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
City of San Jose		Norman Y. Mineta San Jose International	
Organizational DUNS: 063541874		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	First Name:
1732 N. First St, Suite 600		Ms	Lilian
City:		Middle Name	
San Jose		S.	
County:		Last Name	
Santa Clara		Ramirez	
State:	Zip Code	Suffix:	
CA	95112		
Country:		Email:	
USA		lramirez@sjc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-6000419		408.501.7663	408.573.1677
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		C-Municipal	
Other (specify)		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
TITLE (Name of Program): Airport Improvement Program (AIP)		DOT - Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
San Jose, California		To reconstruct Taxiway Y between Taxiways B and L and strengthen intersections at cross taxiways, including the widening of Taxiway L and improvements such as drainage, lighting, signs and markings.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date:	Ending Date:	a. Applicant	b. Project
November 14, 2005 (Est. NTP)	December 31, 2006	15th	15th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 10,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ .00	DATE: February 24, 2005	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 29,131,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 39,131,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name	Middle Name	
Mr.	Peter		
Last Name	Suffix		
Jensen			
b. Title	c. Telephone Number (give area code)		
Assistant to the City Manager	408.277.3183		
d. Signature of Authorized Representative	e. Date Signed		
<i>Ant L. Jensen</i>	2-24-05		

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 24, 2005	Applicant Identifier																													
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																													
<b>5. APPLICANT INFORMATION</b> Legal Name: City of San Jose Organizational DUNS: 063541874 Address: Street: 1732 N. First St, Suite 600 City: San Jose County: Santa Clara State: CA Zip Code: 95112 Country: USA		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 03-06-0226																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             94-6000419           </div>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C-Municipal Other (specify)																														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>9. NAME OF FEDERAL AGENCY:</b> DOT - Federal Aviation Administration																														
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             20-106           </div> TITLE (Name of Program): Airport Improvement Program (AIP)		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Noise Monitoring System Upgrade: To replace noise monitors in the field and the noise monitoring system software and hardware, as well as provide system enhancement and integration to other airport system applications.																														
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Jose, California		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 15th    b. Project 15th																														
<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2005    Ending Date: December 1, 2005		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																														
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,400,000</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>337,000</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,737,000</td> <td>00</td> </tr> </table>		a. Federal	\$	1,400,000	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$	337,000	00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	1,737,000	00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	1,400,000	00																													
b. Applicant	\$		00																													
c. State	\$		00																													
d. Local	\$	337,000	00																													
e. Other	\$		00																													
f. Program Income	\$		00																													
g. TOTAL	\$	1,737,000	00																													
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																																
<b>a. Authorized Representative</b> Prefix: Mr.    First Name: Peter Last Name: Jensen Title: Assistant to the City Manager		Middle Name: Suffix: c. Telephone Number (give area code): 408.277.3183 e. Date Signed: 2-24-05																														
d. Signature of Authorized Representative: <i>Peter Jensen</i>																																

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 15, 2005	<b>Applicant Identifier</b>	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>			<b>Organizational Unit:</b>	
Legal Name:			Department: Public Works	
County of Modoc			Division:	
Organizational DUNS: 07-611-8678			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
<b>Address:</b>			Prefix:	First Name:
Street: 202 W. 4th Street			Mr.	Richard
City: Alturas			Middle Name R.	
County: Modoc			Last Name Hironymous	
State: California			Suffix:	
Zip: 96101			Email:	
Country: USA			Phone Number (give area code) 530-233-6403	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000522			Fax Number (give area code) 530-233-3132	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106			<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration	
TITLE (Name of Program): Airport Improvement Program			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cedarville Municipal Airport, Cedarville, Modoc County, California Environmental - Cat Ex Reconstruction of Tie Down Apron - Phase 2	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Alturas, Modoc County, California			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 02 b. Project 02	
<b>13. PROPOSED PROJECT</b> Start Date: 2005 Ending Date: 2005			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>15. ESTIMATED FUNDING:</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	249,030.00		
b. Applicant	\$	655.00		
c. State	\$	12,452.00		
d. Local	\$	0.00		
e. Other	\$	0.00		
f. Program Income	\$	0.00		
g. TOTAL	\$	262,137.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative			Middle Name	
Prefix Mr.			F.	
Last Name Tracy			Suffix	
b. Title Director of Public Works			c. Telephone Number (give area code) 530-233-6409	
d. Signature of Authorized Representative			e. Date Signed FEB. 22, 2005	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Preapplication <input type="checkbox"/> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  	

<b>5. APPLICANT INFORMATION</b> Legal Name: City of Riverside Address (give city, county, State, and zip code): 3900 Main Street Riverside, CA 92522 County of Riverside		Organizational Unit: Redevelopment Agency Name and telephone number of person to be contacted on matters involving this application (give area code): Joyce Powers (951) 826-5769	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             95 - 2789311           </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">C</div> </div>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             11 - 300           </div> TITLE: Public Works Improvements		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Commerce, Economic Development Administration	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Riverside		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Public Works Improvements on portions of Iowa and Columbia Avenues in the Hunter Business Park	

<b>13. PROPOSED PROJECT</b> Start Date _____ Ending Date _____		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21st b. Project 21st	
---	--	---	--

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ii. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%;">2,000,000</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>2,911,200</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>4,911,200</td> <td>.00</td> </tr> </table>		ii. Federal	\$	2,000,000	.00	b. Applicant	\$	2,911,200	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	4,911,200	.00	<b>16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
ii. Federal	\$	2,000,000	.00																															
b. Applicant	\$	2,911,200	.00																															
c. State	\$		.00																															
d. Local	\$		.00																															
e. Other	\$		.00																															
f. Program Income	\$		.00																															
g. TOTAL	\$	4,911,200	.00																															

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
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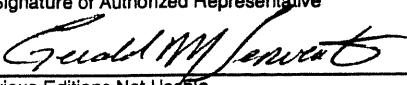
  

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
i. Type Name of Authorized Representative Michael Beck	b. Title Executive Director	c. Telephone Number (951) 826-5190
d. Signature of Authorized Representative 		e. Date Signed 9-28-04

RECEIVED

FEB 28 2005

STATE CLEARING HOUSE

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>February 24, 2005</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <b>Port of Oakland</b>			Organizational Unit: <b>Port of Oakland Acting by and through its Board of Port Commissioners</b>		
Address (give city, county, state, and zip code)  <b>530 Water Street Oakland, CA 94607</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code)  <b>Christina Lee (510) 627-1510</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN):  <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>[9]</span><span>[4]</span><span>-</span><span>[1]</span><span>[7]</span><span>[4]</span><span>[6]</span><span>[3]</span><span>[1]</span><span>[2]</span> </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px; font-weight: bold;">C</span>		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> A Increase Award  <input type="checkbox"/> D Decrease Duration         </div> <div style="text-align: center;"> <input type="checkbox"/> B Decrease Award  <input type="checkbox"/> Other (specify)         </div> <div style="text-align: center;"> <input type="checkbox"/> C Increase Duration         </div> </div>			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>[2]</span><span>[0]</span><span>.</span><span>[1]</span><span>[0]</span><span>[6]</span> </div>			9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>San Francisco Bay Area</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>1. Construction of Apron Improvement South of Hangars 1-5, North Field, OIA</b> <b>2. Reconstruction of East Apron Pavement, Phase 2, South Field, OIA</b> <b>3. Airport Storm Water Management Capital Improvement</b>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>09/05</b>	Ending Date <b>08/07</b>	a. Applicant <b>7</b>		b. Project <b>4</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$ <b>19,000,000 .00</b>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ <b>4,576,126 .00</b>	DATE: <b>February 24, 2005</b>			
c. State	\$ .	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$ .	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$ .	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program income	\$ .	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL	\$ <b>23,576,126 .00</b>	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative <b>Gerald M. Serventi</b>		b. Title <b>Director of Engineering</b>		c. Telephone number <b>(510) 627-1268</b>	
d. Signature of Authorized Representative 				e. Date Signed <b>February 24, 2005</b>	

Previous Editions Not Usable

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised Form

## APPLICATION PART I

## 1. APPLICANT

Legal Name National Indian Justice CenterOrganizational Unit Education ProgramsMailing Address (line 1) 5250 Aero DriveAddress (line 2  
if required)City Santa RosaState CACounty SonomaZip 95403-2. Employer  
ID # (EIN)68-00040003. DUNS # 15-109-5320Main  
Station  
Call  
Letters

Radio

MHz

TV

Channel

RECEIVED

FEB 28 2005

STATE CLEARING HOUSE

E-mail raquellemyers@nijc.org

## 4. Administrative Contact

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. RaquelleMyersProject DirectorPhone # (707) 579-5507 ext. 223Fax # (707) 579-9019

## 5. Engineering Contact

Full Name Ms. Raquelle MyersEngineer Phone (707) 579-5507Title Project DirectorE-mail raquellemyers@nijc.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations N  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction P(R)adio or (T)V  
or (RT) for both RT(B)roadcast or (N)onbroadcast  
or (BN) for both N10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translatorREPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Population Currently Served by station				0
First Service added by NEW proposed facility			12,500	
ADDED SERVICE to those covered by others			0	

## Special Application

12. Single  
Congressional  
District of  
Applicant113. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA 1, 2, 49

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 202,898

b. Applicant Share \$ 72,720

c. TOTAL \$ 275,618

d. Fed. % of eligible costs 73.62 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (707) 579-5507

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. JosephMyersExecutive DirectorSignature of authorized  
representativeDate  
signed2/28/05

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APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

The NIJC's planning project will study the need, feasibility and strategies for establishing a distance-learning infrastructure between the NIJC Regional Justice Center in Santa Rosa, California, a community college in Southern California and three remotely located California community technology centers. The purpose of this distance-learning infrastructure will be to deliver culturally appropriate training to a primarily Native American target audience. A culturally appropriate distance-learning infrastructure will provide timely and substantial benefits to the target population by transmitting information vital to improved government and service operations in tribal communities and by sustaining the intergenerational, oral learning traditions that support cultural survival.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	0	0		
Part-Time Staff	0	0		
Volunteers	0	0		
Operating Budget	\$	0	\$	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

☒

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

## 23. Yes (No) (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

## 25. Areas affected by this Project (Cities, Counties, States, Etc.)

Santa Rosa, Sonoma County, CA  
Covelo, Round Valley Reservation, Point Arena-Manchester and Stewarts Point Band of Pomo: Mercedino County, CA  
Karuk Tribe, Happy Camp, Siskiyou County, CA  
Pauma/Yuima, Pala, La Jolla and Rincon Band of Mission Indian: S

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

Legal Name Mendocino County Public BroadcastingOrganizational  
Unit KZYX-FMMailing Address  
(line 1) P.O. Box 1Address (line 2  
if required) 9300 Highway 128City PhiloState CACounty MendocinoZip 95466-00012. Employer  
ID # (EIN)68-0050044

3. DUNS #

-Applied ForMain  
Station  
Call  
LettersKZYX FM 90.7

Radio MHz

TV

Channel

## 4. Administrative Contact

E-mail mary@kzyx.org

Mr., Ms., Dr. First Name

Ms. Mary

M. I.

Last Name

Aigner

Jr. etc

Position

Program DirectorPhone # (707) 895-2324 ext. 103Fax # (707) 895-2451

## 5. Engineering Contact

Full Name Mr. Mitchell HolmanEngineer Phone (707) 895-2324Title Chief EngineerE-mail engineer@kzyx.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both R(B)roadcast or (N)onbroadcast  
or (BN) for both B10. Length of  
Project (# of  
months) 8

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translator.☒ REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Population Currently Served by station		66,871		
First Service added by NEW proposed facility		0		
ADDED SERVICE to those covered by others		0		

12. Single  
Congressional  
District of  
Applicant 113. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)

None

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 10,139

b. Applicant Share \$ 10,139

c. TOTAL \$ 20,278

d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (707) 895-2324

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. MaryAignerProgram DirectorSignature of authorized  
representativeDate  
signed February 23, 2005

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# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

Having received a PTFP Grant in the 2004 cycle for transmitter replacement, Mendocino County Public Broadcasting is seeking funding to replace the main transmitter antenna, which, at 15+ years of age and service, urgently needs replacement.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	6	40	6	40
Part-Time Staff	4	20	4	20
Volunteers	150	3	150	3
Operating Budget	\$ 508,000		\$ 510,000	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year		Y	Y	Y	Y	
Next year		Y	Y	Y	Y	

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes ☒ No ☐  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?  
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

## 25. Areas affected by this Project (Cities, Counties, States, Etc.)

Areas within first service area who rely on signal: Mendocino County, including Fort Bragg, Mendocino, Albion, Elk, Point Arena, Boonville Philo, Navarro, Yorkville, Ukiah, Hopland, Redwood Valley, Potter Valley, Covelo, Willits, Laytonville, and other o

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0560-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised Form

## APPLICATION PART I

For PTFP  
Use

## 1. APPLICANT

Legal Name San Diego State University FoundationOrganizational  
Unit KPBSMailing Address  
(line 1) 5250 Campanile Dr.Address (line 2  
if required)City San Diego2. Employer  
ID # (EIN)95-60427213. DUNS # 07-337-1346Main  
Station  
Call  
LettersKPBS TV 15  
Radio MHz TV ChannelCounty San Diego Zip 92182-5400

## 4. Administrative Contact

E-mail awards@foundation.sdsu.edu

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. GeneSteinDirector, SR DevelopmentsPhone # (619) 594-5731Fax # 619, 594-4950

## 5. Engineering Contact

Full Name Mr. Leon MessenieEngineer  
Phone 619, 594-8146Title Director of Engineering & ITE-mail lmessenie@kpbs.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations N  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both T(B)roadcast or (N)onbroadcast  
or (BN) for both B10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
addition or expansion

Broadcast Other

Population Currently Served by station	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST addition or expansion
			2,724,172	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant5313. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)49,50,51,52

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 683,343

b. Applicant Share \$ 683,342

c. TOTAL \$ 1,366,685

d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005

☐ NO Program is not covered by EO 12372  
or Program has not been selected by  
State for review

16. Is applicant delinquent on  
any Federal Debt?

NO  
Enter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the  
applicant and the assistance is awarded.To the best of my knowledge and belief, all data in this application are true and correct.  
The applicant and the applicant will comply with the attached assurances and the PTFPPhone # (619) 594-0905

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. ThomasRScottAVP, Research & TechnologySignature of authorized  
representativeDate  
signed2/24/05

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# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0860-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised Form

## APPLICATION PART I

For PTFP  
Use

## 1. APPLICANT

Legal Name KQED, Inc.Organizational  
Unit KQED Public TelevisionMailing Address  
(line 1) 2601 Mariposa StreetAddress (line 2  
if required)City San FranciscoState CACounty San FranciscoZip 941102. Employer  
ID # (EIN)94-12413093. DUNS # 00-477-0921Main  
Station  
Call  
LettersKQED FM 88.5 KQED TV 9  
Radio MHz TV Channel

## 4. Administrative Contact

E-mail swelch@kqed.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. StephenB.WelchExec Dir, TV Engineering and OperationsPhone # (415) 553-2290Fax # (415) 553-2415

## 5. Engineering Contact

Full Name Mr. Watkins Lee YoungEngineer Phone (415) 553-2164Title Manager, Engineering FacilitiesE-mail lyoung@kqed.org

RECEIVED

FEB 28 2005

STATE CLEARING HOUSE

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations N  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both T(B)roadcast or (N)onbroadcast B  
or (BN) for both10. Length of  
Project (# of  
months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility: repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Broadcast Other

Population Currently Served by station			5,170,000	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant813. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-8)CA 1, 2, 5, 6, 7, 8, 9, 10, 11,  
12, 13, 14, 15, 16, and 17.

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 1,170,324

b. Applicant Share \$ 1,170,325

c. TOTAL \$ 2,340,649

d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on02/28/2005☐ NO ☐ Program is not covered by EO 12372☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (415) 553-2201

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. JeffreyOClarkePresident and CEOSignature of authorized  
representativeDate  
signed2-28-05

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KQED

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APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0560-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

KQED Public Television in San Francisco is requesting funding assistance to replace our studio cameras and video production switcher so we can produce High Definition programming in our studios. This equipment will be used on two production stages, their control rooms, in the field, and will be made available to other local California Public Television stations.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
N. Other (specify)

M

## 20. Station Operations

THIS YEAR

NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	230	40	230	40
Part-Time Staff	6	0	6	0
Volunteers	3324	0	3300	0
Operating Budget	\$ 42,800,000		\$ 43,500,000	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PR	Other	Other
This year	Y	Y	Y	Y	Y	Y
Next year	Y	Y	Y	Y	Y	Y

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of License	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes (No) (Circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
San Jose, CA	KTEH
City	Call Letters
San Mateo, CA	KCSM
City	Call Letters
Rohnert Park, CA	KRCB

25. Areas affected by this Project (Cities, Counties, States, Etc.)

The nine-county San Francisco Bay Area region of California and additional state, regional, and national areas through distribution of locally produced programming

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

SEE ATTACHED

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use

## APPLICATION PART I

## 1. APPLICANT

Legal Name National Indian Justice CenterOrganizational Unit Education ProgramsMailing Address (line 1) 5250 Aero DriveAddress (line 2  
if required)City Santa RosaState CACounty SonomaZip 95403-

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FEB 28 2005

STATE CLEARING HOUSE

2. Employer  
ID # (EIN)68-00040003. DUNS # 15-109-5320Main  
Station  
Call  
Letters

Radio MHz TV Channel

## 4. Administrative Contact

E-mail raquellemyers@nijc.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. RaquelleMyersProject DirectorPhone # (707) 579-5507 ext. 223Fax # (707) 579-9019

## 5. Engineering Contact

Full Name Ms. Raquelle MyersEngineer Phone (707) 579-5507Title Project DirectorE-mail raquellmyers@nijc.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction P(R)adio or (T)V  
or (RT) for both RT(B)roadcast or (N)onbroadcast  
or (BN) for both N10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translatorREPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Special Application

Population Currently Served by station				0
First Service added by NEW proposed facility			12,500	
ADDED SERVICE to those covered by others			0	

12. Single  
Congressional  
District of  
Applicant113. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA 1, 2, 49

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 202,898

b. Applicant Share \$ 72,720

c. TOTAL \$ 275,618

d. Fed. % of eligible costs 73.62 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (707) 579-5507

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. JosephMyersExecutive DirectorSignature of authorized  
representativeDate  
signed2/28/05

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APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

The NIJC s planning project will study the need, feasibility and strategies for establishing a distance-learning infrastructure between the NIJC Regional Justice Center in Santa Rosa, California, a community college in Southern California and three remotely located California community technology centers. The purpose of this distance-learning infrastructure will be to deliver culturally appropriate training to a primarily Native American target audience. A culturally appropriate distance-learning infrastructure will provide timely and substantial benefits to the target population by transmitting information vital to improved government and service operations in tribal communities and by sustaining the intergenerational, oral learning traditions that support cultural survival.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	0	0		
Part-Time Staff	0	0		
Volunteers	0	0		
Operating Budget	\$	0	\$	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification



Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

## 23. Yes ☐ No ☒

(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City \_\_\_\_\_ Call Letters \_\_\_\_\_

City \_\_\_\_\_ Call Letters \_\_\_\_\_

City \_\_\_\_\_ Call Letters \_\_\_\_\_

## 25. Areas affected by this Project (Cities, Counties, States, Etc.)

Santa Rosa, Sonoma County, CA  
Covelo, Round Valley Reservation, Point Arena-Manchester and Stewarts Point Band of Pomo: Mercedino County, CA  
Karuk Tribe, Happy Camp, Siskiyou County, CA  
Pauma/Yuima, Pala, La Jolla and Rincon Band of Mission Indian: S

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 24, 2005	Applicant Identifier  State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	Federal Identifier 3-06-0226
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of San Jose		<b>Organizational Unit:</b> Department: Norman Y. Mineta San Jose International Airport	
Organizational DUNS: 063541874		Division:	
<b>Address:</b> Street: 1732 N. First Street, Suite 600 City: San Jose County: Santa Clara State: CA Country: USA		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Lilian Middle Name: S. Last Name: Ramirez Suffix:	
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>RECEIVED</b>  <b>FEB 28 2005</b>  <b>STATE CLEARING HOUSE</b> </div>		Email: lramirez@sjc.org	
		Phone Number (give area code) 408.501.7663	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000419		Fax Number (give area code) 408.573.1677	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Note: Continuation of AIP 59: Widen Taxiway Y.		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C - Municipal Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program (AIP) 20-106		<b>9. NAME OF FEDERAL AGENCY:</b> DOT - Federal Aviation Administration	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of San Jose		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Widen Taxiway - Construction: To widen a portion of Taxiway Z, ten feet to the west from Taxiway G to L, including upgraded drainage, blast protection paving, lighting, signage and pavement markings.	
<b>13. PROPOSED PROJECT</b> Start Date: November 14, 2005 (Est NTP)		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 15th	
Ending Date: December 31, 2006		b. Project 15th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$	4,000,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005
b. Applicant	\$	970,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	4,970,000	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.		First Name Peter	
Last Name Jensen		Middle Name Suffix	
b. Title Assistant to the City Manager		c. Telephone Number (give area code) 408.277.3183	
d. Signature of Authorized Representative		e. Date Signed	

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> February 24, 2005		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 03-06-0226																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name: City of San Jose			<b>Organizational Unit:</b> Department: Norman Y. Mineta San Jose International																							
Organizational DUNS: 063541874			Division:																							
<b>Address:</b> Street: 1732 N. First St, Suite 600 City: San Jose County: Santa Clara State: CA			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms First Name: Lilian Middle Name: S. Last Name: Ramirez Suffix:																							
Zip Code: 95112			Email: lramirez@sjc.org																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000419			Phone Number (give area code) 408.501.7663		Fax Number (give area code) 408.573.1677																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C-Municipal Other (specify)																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program (AIP)			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Noise attenuation of approximately 50 dwelling units within the Category 1 (B), extended acoustical treatment areas.																							
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Jose, California			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 15th    b. Project 15th and 16th																							
<b>13. PROPOSED PROJECT</b> Start Date: September 1, 2005    Ending Date: September 1, 2007			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																							
<b>15. ESTIMATED FUNDING:</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>3,000,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>750,000.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>3,750,000.00</td> </tr> </table>			a. Federal	\$	3,000,000.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	750,000.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	3,750,000.00	<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> a. Authorized Representative Prefix: Mr. First Name: Peter Middle Name: Last Name: Jensen Suffix: b. Title: Assistant to the City Manager c. Telephone Number (give area code): 408.277.3183 d. Signature of Authorized Representative: <i>Peter Jensen</i> e. Date Signed: 2-24-05		
a. Federal	\$	3,000,000.00																								
b. Applicant	\$	.00																								
c. State	\$	.00																								
d. Local	\$	750,000.00																								
e. Other	\$	.00																								
f. Program Income	\$	.00																								
g. TOTAL	\$	3,750,000.00																								

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 24, 2005	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 03-06-0226
5. APPLICANT INFORMATION					
Legal Name: City of San Jose			Organizational Unit: Department: Norman Y. Mineta San Jose International		
Organizational DUNS: 063541874			Division:		
Address: Street: 1732 N. First St, Suite 600			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Jose			Prefix: Ms		First Name: Lilian
County: Santa Clara			Middle Name S.		
State: CA			Last Name Ramirez		
Zip Code 95112			Suffix:		
Country: USA			Email: lramirez@sjc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000419			Phone Number (give area code) 408.501.7663		Fax Number (give area code) 408.573.1677
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C-Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106			9. NAME OF FEDERAL AGENCY: DOT - Federal Aviation Administration		
TITLE (Name of Program): Airport Improvement Program (AIP)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airfield Taxiway Sign Replacement: To replace airfield taxiway signs that are outdated and do not meet current luminance standard.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Jose, California					
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15th b. Project 15th		
15. ESTIMATED FUNDING: a. Federal \$ 912,000 b. Applicant \$ c. State \$ d. Local \$ 220,000 e. Other \$ f. Program Income \$ g. TOTAL \$ 1,132,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mr. First Name Peter Middle Name Last Name Jensen b. Title Assistant to the City Manager c. Telephone Number (give area code) 408.277.3183 d. Signature of Authorized Representative e. Date Signed 2.24.05			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

**RECEIVED**  
FEB 28 2005  
STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 24, 2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 03-06-0226	
5. APPLICANT INFORMATION					
Legal Name: City of San Jose			Organizational Unit: Department: Norman Y. Mineta San Jose International		
Organizational DUNS: 063541874			Division:		
Address: Street: 1732 N. First St, Suite 600			Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Ms First Name: Lillian		
City: San Jose			Middle Name S.		
County: Santa Clara			Last Name Ramirez		
State: CA			Suffix:		
Zip Code 95112			Email: lramirez@sjc.org		
Country: USA			Phone Number (give area code) 408.501.7663		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000419			Fax Number (give area code) 408.573.1677		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C-Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program (AIP) 20-106			9. NAME OF FEDERAL AGENCY: DOT - Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Jose, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To reconstruct Taxiway Y between Taxiways B and L and strengthen intersections at cross taxiways, including the widening of Taxiway L and improvements such as drainage, lighting, signs and markings.		
13. PROPOSED PROJECT Start Date: November 14, 2005 (Est. NTP)			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15th		
Ending Date: December 31, 2006			b. Project 15th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	10,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 24, 2005		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	29,131,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	39,131,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Peter		Middle Name		
Last Name Jensen		Suffix			
b. Title Assistant to the City Manager		c. Telephone Number (give area code) 408.277.3183			
d. Signature of Authorized Representative		e. Date Signed 2-24-05			

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 24, 2005	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction			03-06-0226	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of San Jose		Department: Norman Y. Mineta San Jose International		
Organizational DUNS: 063541874		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:	First Name:	
1732 N. First St, Suite 600		Ms	Lilian	
City: San Jose		Middle Name S.		
County: Santa Clara		Last Name Ramirez		
State: CA		Suffix:		
Zip Code 95112		Email: lramirez@sjc.org		
Country: USA		Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		408.501.7663		Fax Number (give area code) 408.573.1677
94-6000419		7. TYPE OF APPLICANT: (See back of form for Application Types)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		C-Municipal		
Other (specify)		Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:		
TITLE (Name of Program): Airport Improvement Program (AIP)		DOT - Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
San Jose, California		Noise Monitoring System Upgrade: To replace noise monitors in the field and the noise monitoring system software and hardware, as well as provide system enhancement and integration to other airport system applications.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date: July 1, 2005		a. Applicant 15th		b. Project 15th
Ending Date: December 1, 2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
15. ESTIMATED FUNDING:		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
a. Federal	\$ 1,400,000.00	DATE: February 24, 2005		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 337,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 1,737,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Peter		Middle Name	
Last Name Jensen			Suffix	
b. Title Assistant to the City Manager			c. Telephone Number (give area code) 408.277.3183	
d. Signature of Authorized Representative	e. Date Signed		2/24/05	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 15, 2005	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		

APPLICANT INFORMATION		Organizational Unit:	
Legal Name: County of Modoc		Department: Public Works	
Organizational DUNS: 07-611-8678		Division:	
Address: Street: 202 W. 4th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Alturas		Prefix: Mr.	First Name: Richard
County: Modoc		Middle Name R.	
State: California		Last Name Hironymous	
Zip: 96101		Suffix:	
Country: USA		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000522		Phone Number (give area code) 530-233-6403	Fax Number (give area code) 530-233-3132
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cedarville Municipal Airport, Cedarville, Modoc County, California Environmental - Cat Ex Reconstruction of Tie Down Apron - Phase 2	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas, Modoc County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02	
13. PROPOSED PROJECT Start Date: 2005 Ending Date: 2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 249,030.00		
b. Applicant	\$ 655.00		
c. State	\$ 12,452.00		
d. Local	\$ 0.00		
e. Other	\$ 0.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 262,137.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix Mr.	First Name Thomas	F.	
Last Name Tracy		Suffix	
b. Title Director of Public Works		c. Telephone Number (give area code) 530-233-6409	
d. Signature of Authorized Representative		e. Date Signed FEB. 22, 2005	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  	

**5. APPLICANT INFORMATION**  

<b>Legal Name:</b> City of Riverside <b>Address (give city, county, State, and zip code):</b> 3900 Main Street Riverside, CA 92522 County of Riverside	<b>Organizational Unit:</b> Redevelopment Agency <b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Joyce Powers (951) 826-5769
---	--

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

95 - 2789311

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**  

C

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

**8. TYPE OF APPLICATION:**  
☒ New ☐ Continuation ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)    
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other (specify): \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
 U.S. Department of Commerce,  
 Economic Development Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  

11 - 300

  
**TITLE:** Public Works Improvements

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Public Works Improvements on portions of Iowa and Columbia Avenues in the Hunter Business Park

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 City of Riverside

<b>13. PROPOSED PROJECT</b> <table style="width:100%; font-size: x-small;"> <tr> <th style="width:20%;">Start Date</th> <th style="width:20%;">Ending Date</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Start Date	Ending Date			<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table style="width:100%; font-size: x-small;"> <tr> <td style="width:50%;">a. Applicant 21st</td> <td style="width:50%;">b. Project 21st</td> </tr> </table>	a. Applicant 21st	b. Project 21st
Start Date	Ending Date						
a. Applicant 21st	b. Project 21st						

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:20%;">2,000,000</td> <td style="width:20%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>2,911,200</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td> </td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td> </td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td> </td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td> </td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>4,911,200</td> <td>.00</td> </tr> </table>	a. Federal	\$	2,000,000	.00	b. Applicant	\$	2,911,200	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	4,911,200	.00	<b>16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	2,000,000	.00																										
b. Applicant	\$	2,911,200	.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	4,911,200	.00																										

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes If "Yes," attach an explanation.      ☒ No

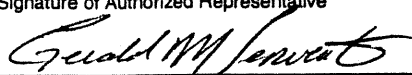
**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Type Name of Authorized Representative</b> Michael Beck	<b>b. Title</b> Executive Director	<b>c. Telephone Number</b> (951) 826-5190
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 9-28-04

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FEB 28 2005

STATE CLEARING HOUSE

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>February 24, 2005</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction    Preapplication <input checked="" type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <b>Port of Oakland</b>			Organizational Unit: <b>Port of Oakland Acting by and through its Board of Port Commissioners</b>		
Address (give city, county, state, and zip code)  <b>530 Water Street Oakland, CA 94607</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code)  <b>Christina Lee (510) 627-1510</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN):  <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px; float: right;"><b>C</b></span>		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)			<div style="float: right; border: 2px solid black; padding: 5px; transform: rotate(-5deg); text-align: center;"> <b>RECEIVED</b>  <b>FEB 28 2005</b>  <b>STATE CLEARING HOUSE</b> </div> H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> . <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div>			9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>San Francisco Bay Area</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>1. Construction of Apron Improvement South of Hangars 1-5, North Field, OIA 2. Reconstruction of East Apron Pavement, Phase 2, South Field, OIA 3. Airport Storm Water Management Capital Improvement</b>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>09/05</b>	Ending Date <b>08/07</b>	a. Applicant <b>7</b>		b. Project <b>4</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$ <b>19,000,000 .00</b>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <b>February 24, 2005</b>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <b>4,576,126 .00</b>				
c. State	\$ .				
d. Local	\$ .				
e. Other	\$ .				
f. Program income	\$ .	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ <b>23,576,126 .00</b>	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative <b>Gerald M. Serventi</b>		b. Title <b>Director of Engineering</b>		c. Telephone number <b>(510) 627-1268</b>	
d. Signature of Authorized Representative 				e. Date Signed <b>February 24, 2005</b>	

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use

## APPLICATION PART I

## 1. APPLICANT

Legal Name National Indian Justice CenterOrganizational Unit Education ProgramsMailing Address (line 1) 5250 Aero DriveAddress (line 2  
if required)City Santa RosaState CACounty SonomaZip 95403-2. Employer  
ID # (EIN)68-00040003. DUNS # 15-109-5320Main  
Station  
Call  
Letters

Radio MHz TV Channel

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FEB 28 2005

STATE CLEARING HOUSE

E-mail raquellemyers@nijc.org

## 4. Administrative Contact

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. RaquelleMyersProject DirectorPhone # (707) 579-5507 ext. 223Fax # (707) 579-9019

## 5. Engineering Contact

Full Name Ms. Raquelle MyersEngineer Phone (707) 579-5507Title Project DirectorE-mail raquellemyers@nijc.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction P(R)adio or (T)V  
or (RT) for both RT(B)roadcast or (N)onbroadcast  
or (BN) for both N10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translatorREPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Population Currently Served by station				0
First Service added by NEW proposed facility			12,500	
ADDED SERVICE to those covered by others			0	

## Special Application

12. Single  
Congressional  
District of  
Applicant113. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA 1, 2, 49

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 202,898

b. Applicant Share \$ 72,720

c. TOTAL \$ 275,618

d. Fed. % of eligible costs 73.62 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (707) 579-5507

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. JosephMyersExecutive DirectorSignature of authorized  
representativeDate  
signed2/28/05

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APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

The NIJC's planning project will study the need, feasibility and strategies for establishing a distance-learning infrastructure between the NIJC Regional Justice Center in Santa Rosa, California, a community college in Southern California and three remotely located California community technology centers. The purpose of this distance-learning infrastructure will be to deliver culturally appropriate training to a primarily Native American target audience. A culturally appropriate distance-learning infrastructure will provide timely and substantial benefits to the target population by transmitting information vital to improved government and service operations in tribal communities and by sustaining the intergenerational, oral learning traditions that support cultural survival.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

THIS YEAR  
NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	0	0		
Part-Time Staff	0	0		
Volunteers	0	0		
Operating Budget	\$	0	\$	

## 21. Public Broadcasting Affiliations



Check if nonbroadcast application and therefore Q. 21 Not Applicable

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

## 23. Yes (No) (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

## 25. Areas affected by this Project (Cities, Counties, States, Etc.)

Santa Rosa, Sonoma County, CA  
Covelo, Round Valley Reservation, Point Arena-Manchester and Stewarts Point Band of Pomo: Meridocino County, CA  
Karuk Tribe, Happy Camp, Siskiyou County, CA  
Pauma/Yuima, Pala, La Jolla and Rincon Band of Mission Indian: S

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

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## 1. APPLICANT

Legal Name Mendocino County Public BroadcastingOrganizational  
Unit KZYX-FMMailing Address  
(line 1) P.O. Box 1Address (line 2  
if required) 9300 Highway 128City PhiloState CACounty MendocinoZip 95466-00012. Employer  
ID # (EIN)68-0050044

3. DUNS #

-Applied ForMain  
Station  
Call  
LettersKZYX FM90.7

Radio

MHz

TV

Channel

## 4. Administrative Contact

E-mail mary@kzyx.org

Mr., Ms., Dr. First Name

Ms. Mary

M. I.

Last Name

Aigner

Jr. etc

Position

Program DirectorPhone # (707) 895-2324 ext. 103Fax # (707) 895-2451

## 5. Engineering Contact

Full Name Mr. Mitchell HolmanEngineer  
Phone (707) 895-2324Title Chief EngineerE-mail engineer@kzyx.org

## PROJECT INFORMATION

6a. Enter "Y" if  
ReactivationN6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are requiredN8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

9. Enter letter(s) to classify project

(P)lanning or  
(C)onstructionC(R)adio or (T)V  
or (RT) for bothR(B)roadcast or (N)onbroadcast  
or (BN) for bothB10. Length of  
Project (# of  
months)8

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Population Currently Served by station		66,871		
First Service added by NEW proposed facility		0		
ADDED SERVICE to those covered by others		0		

12. Single  
Congressional  
District of  
Applicant2113. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)

None

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 10,139

b. Applicant Share \$ 10,139

c. TOTAL \$ 20,278

d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (707) 895-2324

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. MaryAignerProgram DirectorSignature of authorized  
representativeDate  
signedFebruary 23, 2005

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# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**18. Summary of application (Summarize the purposes of the application in a few sentences.)**

Having received a PTFP Grant in the 2004 cycle for transmitter replacement, Mendocino County Public Broadcasting is seeking funding to replace the main transmitter antenna, which, at 15+ years of age and service, urgently needs replacement.

**19. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

**20. Station Operations**

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	6	40	6	40
Part-Time Staff	4	20	4	20
Volunteers	150	3	150	3
Operating Budget	\$ 508,000		\$ 510,000	

**21. Public Broadcasting Affiliations**

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year		Y	Y	Y	Y	
Next year		Y	Y	Y	Y	

**22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes ☐ No ☒ (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

**24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

City	Call Letters
City	Call Letters
City	Call Letters

**25. Areas affected by this Project (Cities, Counties, States, Etc.)**

Areas within first service area who rely on signal: Mendocino County, including Fort Bragg, Mendocino, Albion, Elk, Point Arena, Boonville Philo, Navarro, Yorkville, Ukiah, Hopland, Redwood Valley, Potter Valley, Covelo, Willits, Laytonville, and other o

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0550-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

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Revised Form

## APPLICATION PART I

For PTFP  
Use

## 1. APPLICANT

Legal Name San Diego State University FoundationOrganizational  
Unit KPBSMailing Address  
(line 1) 5250 Campanile Dr.Address (line 2  
if required)City San Diego2. Employer  
ID # (EIN)95-60427213. DUNS # 07-337-1346Main  
Station  
Call  
LettersKPBS TV 15  
Radio MHz TV ChannelCounty San Diego Zip 92182-5400

## 4. Administrative Contact

E-mail awards@foundation.sdsu.edu

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. GeneSteinDirector, SR DevelopmentsPhone # (619) 594-5731Fax # (619) 594-4950

## 5. Engineering Contact

Full Name Mr. Leon MessenieEngineer Phone (619) 594-8146Title Director of Engineering & ITE-mail lmessenie@kpbs.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both T(B)roadcast or (N)onbroadcast  
or (BN) for both B10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility: repeater,  
translatorREPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
station or expansion

Broadcast Other

Population Currently Served by station	NEW BROADCAST facility: repeater, translator	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST station or expansion
			2,724,172	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant5313. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)49,50,51,52

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 683,343

b. Applicant Share \$ 683,342

c. TOTAL \$ 1,366,685

d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YESThis application was made available to the  
State EO 12372 process for review on03/01/2005☐ NO

Program is not covered by EO 12372

or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (619) 594-0905

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. ThomasRScottAVP, Research & TechnologySignature of authorized  
representativeThomas R. ScottDate  
signed2/24/05

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APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

San Diego State University, licensee of KPBS-FM, 89.5 MHz, KPBS(TV), Channel 15, and KPBS-DT, Channel 30, San Diego, California seek federal funding assistance in the Digital Conversion of its High Definition Studio Production facility and HD Field units with HD Editing.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Inter/municipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	90	40	90	40
Part-Time Staff	17	20	17	20
Volunteers	95	4	95	4
Operating Budget	\$ 12,825,000		\$ 12,825,000	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y		Y	Y	Y
Next year	Y	Y		Y	Y	Y

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of License	Channel #	FCC File #	Site Name	Owned	Leased

## 23. (Yes/No) (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City \_\_\_\_\_ Call Letters \_\_\_\_\_  
City \_\_\_\_\_ Call Letters \_\_\_\_\_  
City \_\_\_\_\_ Call Letters \_\_\_\_\_  
City \_\_\_\_\_ Call Letters \_\_\_\_\_

## 25. Areas affected by this Project (Cities, Counties, States, Etc.)

San Diego County

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

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APPLICATION  
FOR PTFP FUNDSOMB Approval  
0560-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

Legal Name San Diego State University FoundationOrganizational  
Unit KPBSMailing Address  
(line 1) 5250 Campanile Dr.Address (line 2  
if required)City San DiegoState CACounty San DiegoZip 92182-1931

## 4. Administrative Contact

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. GeneSteinDirector, SR DevelopmentPhone # (619) 594-5731Fax # (619) 594-4950

## 5. Engineering Contact

Full Name Mr. Leon MesserieEngineer  
Phone (619) 594-8146Title Director of Engineering and ITE-mail lmesserie@kpbs.org

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File #7. Enter "Y" if new  
FCC authorizations Y  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both R(B)roadcast or (N)onbroadcast  
or (BN) for both B10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansionBroadcast Other

Population Currently Served by station			2,821,821	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant 5313. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)49,50,51,52

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 43,552b. Applicant Share \$ 43,553c. TOTAL \$ 87,105d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on03/01/2005☐ NO ☐ Program is not covered by EO 12372☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (619) 594-0905

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. ThomasR.ScottPh.D.AVP, Research & TechnologySignature of authorized  
representativeThomas R. ScottDate  
signed2/24/05

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STATE CLEARING HOUSE

APPLICATION  
FOR PTFP FUNDS  
PAGE 2**Public Telecommunications Facilities Program**NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550OMB Approval  
0880-0003**18. Summary of application (Summarize the purposes of the application in a few sentences.)**

San Diego State University, licensee of KPBS-FM, 89.5 MHz, KPBS(TV), Channel 15, and KPBS-DT, Channel 30, San Diego, California seek federal funding assistance in expanding the current KPBS-FM automation system to allow additional localized program streams for the newly purchased FM radio station, KQVO (FCC Approval pending), as well feeding Borrego Springs cable, Web Stream, and the KPBS Radio Reading service. Production workstations are also requested for Radio Reading service and KPBS-FM Production Control rooms.

**19. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

20. Station Operations	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	23	40	23	40
Part-Time Staff	7	20	7	20
Volunteers	35	4	35	4
Operating Budget	\$ 4,275,000		\$ 4,275,000	

**21. Public Broadcasting Affiliations**

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y		Y	Y	Y
Next year	Y	Y		Y	Y	Y

**22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
Imperial Valley, CA	249	20041217AAJ	KQVO-FM		X

23. Yes ☒ No  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?  
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

**24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

City	Call Letters
San Diego, CA,	KSDS
City	Call Letters
City	Call Letters

25. Areas affected by this Project (Cities, Counties, States, Etc.)

San Diego County  
Imperial Valley County

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

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FOR PTFP FUNDSOMB Approval  
0960-0063

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised Form ☐For PTFP  
Use

## 1. APPLICANT

Legal Name San Diego State University FoundationOrganizational Unit KPBSMailing Address (line 1) 5250 Campanile DrAddress (line 2  
if required)City San DiegoState CACounty San DiegoZip 92182-1931

## 4. Administrative Contact

Mr., Ms., Dr. First Name

Mr. GeneE-mail awards@foundation.sdsu.edu

Jr. etc

Position

Director, SR DevelopmentPhone # (619) 594-5731Fax # (619) 594-4950

## 5. Engineering Contact

Full Name Mr. Leon MessenieEngineer Phone (619) 594-8146Title Director of Engineering & ITE-mail lmessenie@kpbs.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations N  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V T  
or (RT) for both(B)roadcast or (N)onbroadcast B  
or (BN) for both10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Broadcast Other

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translatorREPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Population Currently Served by station	NEW BROADCAST facility; repeater, translator	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
			2,724,172	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant5313. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)49,50,51,52

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 769,763

b. Applicant Share \$ 769,764

c. TOTAL \$ 1,539,527

d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/01/2005

☐ NO Program is not covered by EO 12372  
or Program has not been selected by  
State for review

16. Is applicant delinquent on  
any Federal Debt?

NO  
Enter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
The applicant and the applicant will comply with the attached assurances and the PTFP  
Phone # (619) 594-0905

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. ThomasR.ScottAVP, Research & TechnologySignature of authorized  
representativeDate  
signed2/24/05

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APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

San Diego State University, licensee of KPBS-FM, 89.5 MHz, KPBS(TV), Channel 15, and KPBS-DT, Channel 30, San Diego, California seek federal funding assistance in the Digital Conversion of its Master Control operation. Project will purchase and install a station Automation package, Video Servers, Nearline hard drive storage, signal branding, and Master Control monitoring system. A system integration company will be used for generating As Built documentation and installation services.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	90	40	90	40
Part-Time Staff	17	20	17	20
Volunteers	95	4	95	4
Operating Budget	\$ 12,825,000		\$ 12,825,000	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

☒

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y		Y	Y	Y
Next year	Y	Y		Y	Y	Y

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes ☒ No ☐  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

25. Areas affected by this Project (Cities, Counties, States, Etc.)

San Diego County

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

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APPLICATION FOR  
FEDERAL ASSISTANCE

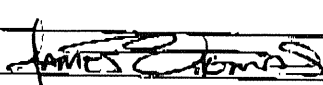
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/25/05	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
County of Tuolumne		Department: Airport		
Organizational DUNS: 155702160		Division: Columbia Airport		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix: Mr.		
10723 Airport Road		First Name: James		
City: Columbia		Middle Name E.		
County: Tuolumne		Last Name Thomas		
State: California		Suffix:		
Zip Code 95370		Email: jthomas@co.tuolumne.ca.us		
Country: United States		Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000547		Fax Number (give area code) 209 533 5657		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-106		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design Fire Protection System for Planned Hangar Development, Design phase for providing fire protection to the SW side of the airport for existing and future hangars and FBO buildings. Involves relocating 600+ of existing 8" waterline parallel to Runway 29 and extending 8" waterline 1,700+ along the SW side of airport. Includes EA.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th b. Project 19th		
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 12/31/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 20,000.00				
b. Applicant \$ 50.00				
c. State \$ 1,000.00				
d. Local \$ .00				
e. Other \$ .00				
f. Program Income \$ .00				
g. TOTAL \$ 21,050.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name James		Middle Name E.
Last Name Thomas		Suffix		
b. Title Airport Director		c. Telephone Number (give area code) 209 533 5685		
d. Signature of Authorized Representative		e. Date Signed 2-25-05		

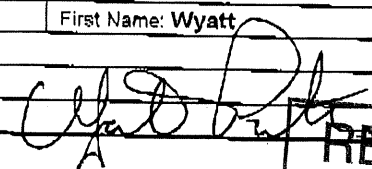
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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

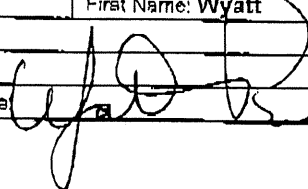
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/25/05	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
County of Tuolumne		Department: Airport		
Organizational DUNS: 155702160		Division: Pine Mountain Lake		
Address: Street: 10723 Airport Road		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Columbia		Prefix: Mr.		
County: Tuolumne		First Name: James		
State: CA		Middle Name E.		
Zip Code 95840		Last Name Thomas		
Country: Tuolumne		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000547		Email: jthomas@co.tuolumne.ca.us		
6. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) 209 533-5685		
Other (specify)		Fax Number (give area code) 209 533-5657		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County, California		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
13. PROPOSED PROJECT Start Date: 7/01/05 Ending Date: 12/31/05		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install an AWOS		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th b. Project 19th		
a. Federal \$ 104,500		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant \$ 550		a. Yes: <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State \$ 4,950		DATE:		
d. Local \$ 0		b. No: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$ 0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$ 110,000		<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name James		Middle Name E.
Last Name Thomas		Suffix		
b. Title Airports Director		c. Telephone Number (give area code) 209 533-5685		
d. Signature of Authorized Representative 		e. Date Signed 2-25-05		

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 2/25/05	Applicant Identifier TCALP	
1. TYPE OF SUBMISSION <div>Application <input type="checkbox"/> Construction</div> <div>Pre-application <input type="checkbox"/> Construction</div> <div><input checked="" type="checkbox"/> Non-Construction</div> <div><input type="checkbox"/> Non-Construction</div>		3. DATE RECEIVED BY STATE		State Application Identifier
5. APPLICANT INFORMATION Legal Name: <b>Trinity County California</b>		4. DATE RECEIVED BY AGENCY		Federal Identifier
Organizational DUNS: <b>145381427</b>		Organizational Unit: <b>Trinity County</b>		
Address: Street: <b>P.O. Box 476</b>		Department: <b>Building and Development Services</b>		
City: <b>Weaverville</b>		Division: <b>Airports</b>		
County: <b>Trinity</b>		Name and telephone of person to be contacted on matters involving this application (give area code)		
State: <b>CA</b> Zip Code: <b>96093</b>		Prefix: <b>Mr.</b> First Name: <b>Steven</b>		
Country: <b>United States</b>		Middle Name:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>9 4 - 6 0 0 0 5 4 4</b>		Last Name: <b>Roberts</b>		
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Suffix:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. <b>2 0 - 1 0 6</b>		Email: <b>sroberts@trinitycounty.org</b>		
TITLE (Name of Program): <b>Airport Improvement Program</b>		Phone Number (give area code) <b>(530) 623 - 9585</b>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Trinity Center, Trinity County, California</b>		Fax Number (give area code) <b>(530) 623 - 1353</b>		
13. PROPOSED PROJECT Start Date: <b>July 2005</b> Ending Date: <b>September 2006</b>		7. TYPE OF APPLICANT (See back of form for Application Types) <b>B</b> Other (Specify)		
15. ESTIMATED FUNDING: a. Federal \$ <b>75,000.00</b> b. Applicant \$ <b>197.00</b> c. State \$ <b>3,750.00</b> d. Local \$ <b>0.00</b> e. Other \$ <b>0.00</b> f. Program Income \$ <b>0.00</b> g. TOTAL \$ <b>78,947.00</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Aviation Administration</b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Trinity Center Airport</b> <b>Update Airport Layout Plan</b>		
a. Authorized Representative Prefix Mr. First Name: <b>Wyatt</b> Middle Name: Last Name: <b>Paxton</b> Suffix: b. Title: <b>Director</b> c. Telephone: <b>(530) 623-1354</b> d. Signature of Authorized Representative: 		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>02</b> b. Project <b>02</b>		
e. Date Signed: <b>2-25-05</b>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <b>2/25/05</b> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
Previous Editions Usable Authorized for Local Reproduction		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No		

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STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b>		<b>2. DATE SUBMITTED</b> 2/25/05	Applicant Identifier HFALP	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier
		<b>4. DATE RECEIVED BY AGENCY</b> Federal Identifier		
<b>5. APPLICANT INFORMATION</b>				
Legal Name: <b>Trinity County California</b>		Organizational Unit: <b>Trinity County</b>		
Organizational DUNS: <b>145381427</b>		Department: <b>Building and Development Services</b>		
Address: Street: <b>P.O. Box 476</b>		Division: <b>Airports</b>		
City: <b>Weaverville</b>		Name and telephone of person to be contacted on matters involving this application (give area code)		
County: <b>Trinity</b>		Prefix: <b>Mr.</b>	First Name: <b>Steven</b>	
State: <b>CA</b>		Middle Name:		
Zip Code: <b>96093</b>		Last Name: <b>Roberts</b>		
Country: <b>United States</b>		Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">           9 4 - 6 0 0 0 5 4 4         </div>		Email: <b>sroberts@trinitycounty.org</b>		
<b>8. TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT</b> (See back of form for Application Types) <b>B</b> Other (Specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.</b> <div style="border: 1px solid black; padding: 2px;">           2 0 - 1 0 6         </div>		<b>9. NAME OF FEDERAL AGENCY:</b> <b>Federal Aviation Administration</b>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): <b>Hayfork, Trinity County, California</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>Hayfork Airport</b> <b>Update Airport Layout Plan</b>		
<b>13. PROPOSED PROJECT</b> Start Date: <b>July 2005</b> Ending Date: <b>September 2006</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: <b>02</b> b. Project: <b>02</b>		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal: \$ 75,000. <sup>00</sup> b. Applicant: \$ 197. <sup>00</sup> c. State: \$ 3,750. <sup>00</sup> d. Local: \$ . <sup>00</sup> e. Other: \$ . <sup>00</sup> f. Program Income: \$ . <sup>00</sup> g. TOTAL: \$ 78,947. <sup>00</sup>		a. YES: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <u>2/25/05</u> b. NO: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes, if "Yes", attach an explanation <input checked="" type="checkbox"/> No		
<b>a. Authorized Representative</b> Prefix: <b>Mr.</b> First Name: <b>Wyatt</b> Middle Name: Last Name: <b>Paxton</b> Suffix: b. Title: <b>Director</b> c. Telephone: <b>(530) 623-1354</b> d. Signature of Authorized Representative: 				
Previous Editions Usable Authorized for Local Reproduction		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>  <b>FEB 25 2005</b>  <b>STATE CLEARING HOUSE</b> </div>		

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2/25/05	RUALP	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit: Trinity County		
Trinity County California		Department: Building and Development Services		
Organizational DUNS: 145381427		Division: Airports		
Address:		Name and telephone of person to be contacted on matters involving this application (give area code)		
Street: P.O. Box 476				
City: Weaverville		Prefix: Mr. First Name: Steven		
County: Trinity		Middle Name:		
State: CA Zip Code: 96093		Last Name: Roberts		
Country: United States		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Email: sroberts@trinitycounty.org		
9 4 - 6 0 0 0 5 4 4		Phone Number (give area code) Fax Number (give area code)		
		(530) 623 - 9585 (530) 623 - 1353		
8. TYPE OF APPLICATION		7. TYPE OF APPLICANT (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		B		
Other (specify)		Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.		9. NAME OF FEDERAL AGENCY:		
2 0 - 1 0 6		Federal Aviation Administration		
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		Ruth Airport		
Ruth, Trinity County, California		Update Airport Layout Plan		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date Ending Date		a. Applicant b. Project		
July 2005 September 2006		02 02		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 75,000.00	a. YES, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
b. Applicant	\$ 197.00	DATE : 2/25/05		
c. State	\$ 3,750.00	b. NO, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ .00	<input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 78,947.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name: Wyatt		Middle Name:
Last Name: Paxton		Suffix:		
b. Title: Director		c. Telephone: (530) 623-1354		
d. Signature of Authorized Representative:		e. Date Signed: 2-25-05		

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Standard Form 424 (Rev 9-2003)  
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OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ ____ X _____ Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier X 98927101
6. D U N S Number: 808321913		Organizational Unit: Central Valley Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Karen Larsen (916) 464-4646	
8. Type of Application: ____ New ____ X ____ Revision ____ Continuation If Revision, enter appropriate letter(s): ____ A ____ C ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) ____ A ____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) Sacramento River Basin		11. Descriptive Title of Applicant's Project: Develop and implement a program that will bring the Sacramento River and its tributaries into compliance with appropriate water quality standards for toxic pollutants and thereby protect beneficial uses.	
13. Proposed Project: Start Date End Date 5/15/1999 12/31/2006		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$43,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$43,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: ____ X ____ This application/preapplication was made available to the State EO 12372 process for review on: Date: February 24, 2005 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ X ____ NO		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

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STATE CLEARING HOUSE

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Feb. 24, 2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Opening Doors Inc.			Organizational Unit: Department: NA		
Organizational DUNS: 94-176-3922			Division: Sacramento Center for New Americans		
Address: Street: 2118 K Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Maurine		
City: Sacramento			Middle Name NA		
County: Sacramento			Last Name Huang		
State: CA		Zip Code 95816	Suffix: Ph.D.		
Country: USA			Email: maurine@openingdoorsinc.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 37-1417129			Phone Number (give area code) (916) 492-2591		Fax Number (give area code) (916) 492-2628
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-576 TITLE (Name of Program): Standing Announcement Category 3, Ethnic Community Self-help			9. NAME OF FEDERAL AGENCY: Office of Refugee Resettlement		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County, West Placer County, East Yolo County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project Afghan SHEFA		
13. PROPOSED PROJECT Start Date: 9/30/05 Ending Date: 9/29/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project 3rd, 4th, 5th		
15. ESTIMATED FUNDING: a. Federal \$ 175,135 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 175,135			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Feb. 24, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Ms. First Name Maurine Middle Name NA Last Name Huang Suffix Ph.D. b. Title President/CEO c. Telephone Number (give area code) (916) 492-2591 d. Signature of Authorized Representative <i>Maurine Huang</i> e. Date Signed Feb. 24, 2005					

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STATE CLEARING HOUSE

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Application Identifier

State Application Identifier

Federal Identifier

~~STATE CLEARING HOUSE~~

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0343-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<u>Application</u> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		February 10, 2005	
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			F-113-B Amendment #3
5. APPLICANT INFORMATION			
Legal Name: <b>STATE OF CALIFORNIA</b>		Organizational Unit:	
Address (give city, county, state and zip code): <b>Dept. of Fish &amp; Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814</b>		<b>Department of Fish and Game</b>	
		Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Carolyn Murata (916) 445-3559</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1697567</b>		7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u> ):	
8. TYPE OF APPLICATION:		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University K. Individual L. Profit Organization M. Other (Specify)	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> E <input type="checkbox"/>			
A. Increase Award      B. Decrease Award C. Increase Duration      D. Decrease Duration E. Other (specify): <b>Recover pre-agreement costs.</b>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>15-505</b> TITLE: <b>Sport Fish Restoration Act</b>		9. NAME OF FEDERAL AGENCY: <b>U.S. Department of the Interior U.S. Fish and Wildlife Service</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Lassen County</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Motorboat Access Enhancement Project for Eagle Lake Fishing Access Improvements. To recover pre-agreement costs for Engineering, Design &amp; Inspection. No changes in costs.</b>	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <b>5/12/2003</b>	Ending Date <b>12/31/2005</b>	a. Applicant <b>3</b> b. Project <b>2</b>	
15. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	<b>\$2,355,849</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <b>2-10-05</b>	
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	<b>\$785,284</b>	_____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?	
e. Other		_____ Yes    If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
f. Program Income			
g. TOTAL	<b>\$3,141,133</b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative <b>Renee Renwick</b>		b. Title: <b>Deputy Director, Admin.</b>	c. Telephone Number <b>(916) 653-4633</b>
d. Signature of Authorized Representative <i>Renee Renwick</i>		e. Date Signed <b>2/16/05</b>	
Approved for the Secretary of the Interior		Title:	Date:
Signature			

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STATE CLEARING HOUSE

Standard Form 424 (REV 4-89)  
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# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED <b>February 10, 2005</b>	Applicant Identifier
<input checked="" type="checkbox"/> <u>Application</u> Construction <input type="checkbox"/> <u>Pre-application</u> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>F-112-B Amendment #2</b>
5. APPLICANT INFORMATION			
Legal Name: <b>STATE OF CALIFORNIA</b>		Organizational Unit: <b>Department of Fish and Game</b>	
Address (give city, county, state and zip code): <b>Dept. of Fish &amp; Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Carolyn Murata (916) 445-3559</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1697567</b>		7. TYPE OF APPLICANT: (enter appropriate letter: <b>A</b> ):	
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>E</b> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): <b>Reimbursement for pre-agreement costs.</b>		A. State H. Independent School Dist. B. County I. State Controlled Instruction C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>15-605</b> TITLE: <b>Sport Fish Restoration Act</b>		9. NAME OF FEDERAL AGENCY: <b>U.S. Department of the Interior U.S. Fish and Wildlife Service</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>Fresno County</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Motorboat Access Enhancement Project for Amend. #2 to Shaver Lake Boat Launching Facility. Request increase to total costs due to changes in Project Improvement Costs. Also, requesting reimb. For pre- agreement costs (\$29,806.13) for consult &amp; engineer inv.</b>	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <b>4/10/2003</b>	Ending Date <b>12/31/2005</b>	a. Applicant <b>3</b>	b. Project <b>19</b>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	<b>\$707,232.00</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  Date: <b>2-18-05</b>	
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	<b>\$235,744.00</b>	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?	
d. Local		_____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
e. Other			
f. Program Income			
g. TOTAL	<b>\$942,976.00</b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative <b>Renee Renwick</b>		b. Title: <b>Deputy Director, Admin.</b>	c. Telephone Number <b>(916) 653-4633</b>
d. Signature of Authorized Representative <i>Renee Renwick</i>		e. Date Signed <b>2/16/05</b>	
Approved for the Secretary of the Interior  Signature		Title <b>RECEIVED</b> <b>FEB 18 2005</b> <b>STATE CLEARING HOUSE</b>	

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APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> <u>Application</u> <input checked="" type="checkbox"/> Construction		<b>February 10, 2005</b>			
<input type="checkbox"/> <u>Pre-application</u> <input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
				<b>F-95-B Amendment #6</b>	
5. APPLICANT INFORMATION					
Legal Name: <b>STATE OF CALIFORNIA</b>			Organizational Unit		
Address (give city, county, state and zip code): <b>CA Department of Fish &amp; Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814</b>			<b>Department of Fish and Game</b>		
			Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Carolyn Murata (916) 445-3559</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1697567</b>			7. TYPE OF APPLICANT: (enter appropriate letter): <b>A</b>		
8. TYPE OF APPLICATION:			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)		
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> <b>E</b> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): <b>Reimbursement for pre-agreement costs.</b>					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>15-605</b> TITLE: <b>Sport Fish Restoration Act</b>			9. NAME OF FEDERAL AGENCY: <b>U.S. Department of the Interior U.S. Fish and Wildlife Service</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Santa Clara County</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Amendment #6 to Motorboat Access Enhancement Project for Anderson Lake Boat Launching Facility. Requesting reimbursement for pre-agreement costs paid (\$92,743.27) by Dept. of Boating &amp; Waterways. No change in Total Grant costs.</b>		
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date <b>12/03/98</b>		Ending Date <b>05/01/06</b>			
15. ESTIMATED FUNDING:		a. Applicant <b>3</b>		b. Project <b>16</b>	
a. Federal <b>\$2,303,250.00</b>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
b. Applicant		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <b>2-18-05</b>			
c. State <b>\$767,750.00</b>		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
e. Other		<input type="checkbox"/> Yes If "Yes", attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income					
g. TOTAL <b>\$3,071,000.00</b>					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative <b>Renee Renwick</b>			b. Title: <b>Deputy Director, Admin.</b>		c. Telephone Number <b>(916) 653-4633</b>
d. Signature of Authorized Representative <i>Renee Renwick</i>			e. Date Signed <b>2/16/05</b>		
Approved for the Secretary of the Interior			Date		
Signature			<b>RECEIVED</b> <b>FEB 18 2005</b> <b>STATE CLEARING HOUSE</b>		

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# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		Applicant Identifier	
<u>Application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> <u>Pre-application</u> <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		February 10, 2005			
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
				F-97-B Amendment #3	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit:		
Address (give city, county, state and zip code):			Department of Fish and Game		
CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of (the person to be contacted on matters involving this application (give area code):		
			Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			7. TYPE OF APPLICANT: (enter appropriate letter):		
94-1697567			A		
8. TYPE OF APPLICATION:			A. State		
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> E <input type="checkbox"/>			H. Independent School Dist.		
A. Increase Award B. Decrease Award			I. State Controlled Instruction		
C. Increase Duration D. Decrease Duration			J. Private University		
E. Other (specify): Reimbursement for pre-agreement costs.			K. Individual		
			L. Profit Organization		
			M. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			9. NAME OF FEDERAL AGENCY:		
15-605			U.S. Department of the Interior		
TITLE: Sport Fish Restoration Act			U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
San Luis Obispo			Amendment #3 to Motorboat Access Enhancement Project for Lake Nacimiento South Shore Public Access. Requesting reimbursement for pre-agreement costs paid (\$116,135.95) by Dept. of Boating & Waterways. No changes to Total Grant Cost.		
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/01 Ending Date: 05/01/05			a. Applicant: 3		
15. ESTIMATED FUNDING:			b. Project: 22		
a. Federal: \$1,765,362.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant:			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. State: \$588,454.00			Date: 2-18-05		
d. Local:			b. NO. PROGRAM IS NOT COVERED BY E.O. 12372		
e. Other:			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income:			17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL: \$2,353,816.00			Yes If "Yes", attach an explanation X No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative			d. Title:		c. Telephone Number
Renee Renwick			Deputy Director, Admin.		(916) 653-4633
d. Signature of Authorized Representative					e. Date Signed
[Signature]					2/16/05
Approved for the Secretary of the Interior			f. Date		
Signature			g. Date		
Previous Editions Not Usable			h. Date		

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